

Fill in this information to identify your case:	
Debtor I Larry Vincent Ikei	
Debtor 2 (Spouse, if filing)	in a section of the s
United States Bankruptcy Court - DISTRICT OF HAWAII	
Case number <u>17-00135</u>	
Local Form H1009-1 (12/15) COVER SHEET FOR AMENDMENTS	
Part 1: Amendments (attach amended documents to this cov	er sheet)
Check all of the following that are being amended.	Amendments requiring \$31.00 filing fee
Schedules: ₩ A/B C G G H I I J	Schedules D E/F Creditor List - no fee required for amended list if: only updating an address or
Statement of Financial Affairs	only adding a creditor's attorney
Chapter 7 Statement of Intention	
☐ Chapter 7 Statement of Current Monthly Income (122A-1)	
Chapter 7 Means Test Calculation (122A-2)	
☐ Chapter 13 Statement of Current Monthly Income (122C-1	and Calculation of Disposable Income (122C-2)
Other:	
Part 2: Declaration	
Under penalty of perjury, the undersigned declares that I have are true and correct. [If filing electronically through ECF, a Dec be submitted on paper not later than 7 days after filing the amulal Larry Vincent Ikei Larry Vincent Ikei Debtor 1 Dated: February 25, 2017	claration re: Electronic Filing with original signatures must
Part 3: Certificate of Service (attach a list of names and add	resses where notice was sent)
The undersigned certifies:	and the second s
✓ Notice of the amendments shall be served on all creditors	and parties in interest on the attached service list.
A copy of the Notice of Bankruptcy Case, Meeting of Cred and parties in interest identified on the attached service lis	itors, & Deadlines shall be served on the additional creditors it.
	/s/ Edward D. Magauran Edward D. Magauran

Fill in this info	ormation to identify your	case;		
Debtor 1	Larry Vincent Ikei			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·
United States	Bankruptcy Court for the:	DISTRICT OF HAWAII		
Case number	17-00135			
(if known)		-		



Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

Par	t 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	10,013,297.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	10,013,297.00
Par	t 2: Summarize Your Liabilities		······································
			llabilities inLyoù owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	49,295.99
	Your total liabilities	\$	49,295.99
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,693.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	s _	2,777.00
Pa	rt 4: Answer These Questions for Administrative and Statistical Records		
6 .	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other s	chedules.
7.	y Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	al, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	box and	submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy



8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,047.83

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim	
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this info	ormation to identify you	ır case and thi	s filing:				
Debtor 1	Larry Vincent II						(-B)
Debtor 2 (Spouse, if filing)	First Name	Middle Middle		Last Name			
United States E	Bankruptcy Court for the	: DISTRICT C	OF HAWAII				
Case number	17-00135					!	Check if this is a amended filing
	orm 106A/B						
Schedu	le A/B: Pro	perty					12/15
1. Do you own or				wn or Have an Interest In g, land, or similar property?			
1. Do you own or W No. Go to P Yes. Where	or have any legal or equita Part 2. e is the property?	ble interest in an	ny residence, building				
1. Do you own or No. Go to P Yes. Where	r have any legal or equita Part 2.	ble interest in an	what is the proper Single-family Duplex or mi	g, land, or similar property? ty? Check all that apply	the amount o	f any secured	ms or exemptions. Put claims on Schedule D: s Secured by Property.
1. Do you own or Yes. Where	or have any legal or equital Part 2. The is the property? NYWHERE IN THE Value of available, or other descriptions.	VORLD	What is the proper Single-family Duplex or mi Condominiur Manufacture Land	ty? Check all that apply home ulti-unit building n or cooperative d or mobile home	the amount o	f any secured o Have Claim e of the rty?	claims on Schedule D: s Secured by Property. Current value of the portion you own?
1. Do you own or No. Go to P Yes. Where	or have any legal or equita Part 2. The is the property?	ble interest in an	What is the proper Single-family Duplex or m Condominiur Manufacture Land Investment p Timeshare Other	ty? Check all that apply home ulti-unit building m or cooperative d or mobile home property	current valuentire prope	f any secured o Have Claim e of the rty? \$0.00 e nature of yo simple, tena	claims on Schedule D: s Secured by Property. Current value of the

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here......=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$0.00

_	
5	

Debtor 1 Larry Vincent Ikei		Case number (if known)	17-00135
3. Cars, vans, trucks, tractors, sport utility	vehicles, motorcycles		
□No			
✓ Yes			
-			
3.1 Make: Toyota	Who has an interest in the property? Check one		red claims or exemptions. Put secured claims on Schedule D:
Model: Sienna	₽ Debtor 1 only		e Claims Secured by Property.
Year: 2008	Debtor 2 only	Current value of the	
Approximate mileage: 260,000		entire property?	portion you own?
Other information:	At least one of the debtors and another		
	Check if this is community property (see instructions)	\$2,500.	.00 \$2,500.00
 4. Watercraft, aircraft, motor homes, ATVs Examples: Boats, trailers, motors, personal ✓ No ☐ Yes 	and other recreational vehicles, other vehicles watercraft, fishing vessels, snowmobiles, motorcyc	, and accessories cle accessories	
5 Add the dollar value of the portion you on pages you have attached for Part 2. Write	own for all of your entries from Part 2, including the that number here	g any entries for	\$2,500.00
Part 3: Describe Your Personal and Household	l Items		
Do you own or have any legal or equitable	interest in any of the following items?		Current value of the portion you own?
			Do not deduct secured
 Household goods and furnishings Examples: Major appliances, furniture, line No ✓ Yes. Describe 	ns, china, kitchenware	and the second of the second o	claims or exemptions.
Non electroni	c household goods and furniture		\$1,500.00
Golf Clubs			\$600.00
including cell phones, cameras ☐ No ☑ Yes. Describe	rideo, stereo, and digital equipment; computers, p , media players, games	rinters, scanners; music co	ollections; electronic devices
Electronics			\$200.00
8. Collectibles of value Examples: Antiques and figurines; painting other collections, memorabilia, No Yes. Describe 9. Equipment for sports and hobbles	gs, prints, or other artwork; books, pictures, or othe collectibles	er art objects; stamp, coin,	or baseball card collections;
Examples: Sports, photographic, exercise, musical instruments No Yes. Describe Control of the control o	and other hobby equipment; bicycles, pool tables	;, golf clubs, skis; canoes a	and kayaks; carpentry tools;
 Firearms Examples: Pistols, rifles, shotguns, amm No 	unition, and related equipment		
Yes. Describe			
Official Form 106A/B	Schedule A/B: Property		page 2

Debtor 1	Larry Vincen	t Ikei	Case number (if	known)	17-00135	
☐ No		othes, furs, leather coats, desig	ner wear, shoes, accessories			
		Clothes				\$500.00
☐ No		velry, costume jewelry, engage	ment rings, wedding rings, heirloom jewelry, watches, g	gems, g	old, silver	
		jewelry				\$50.00
Examp ✓ No ☐ Yes. 14. Any ot ✓ No	rm animals ples: Dogs, cats, to Describe ther personal and Give specific info	d household items you did ne	ot already list, including any health aids you did not	t list		
			t 3, including any entries for pages you have attach	ied	\$	52,850.00
16. Cash <i>Exam</i> j ☐ No	oles: Money you h	egal or equitable interest in a	e, in a safe deposit box, and on hand when you file you	ur petitic	claims or e	u own? uct secured
·			Cash			\$77.00
Examp			Ints; certificates of deposit; shares in credit unions, broke with the same institution, list each. Institution name: First Hi Bank checking 702 (social security direct deposit) UHFCU checking 0 savings 5 (subject to setoff for loans)	-	ouses, and othe	er similar \$702.00
Exam		or publicly traded stocks	erage firms, money market accounts			
✓ No ✓ Yes.		Institution or issuer na	ime:			
	ublicly traded sto enture	ock and interests in incorpor	ated and unincorporated businesses, including an	interes	t in an LLC, par	tnership, and
	Give specific info	ormation about them Name of entity:	 % of ownership):		

Official Form 106A/B

Schedule A/B: Property

Debtor 1	Larry Vincent Ikei	Case number (if know	<i>i</i>) <u>17-00135</u>	_/\ð
Nego	tiable instruments include personal	d other negotiable and non-negotiable instruments I checks, cashiers' checks, promissory notes, and money orders. ou cannot transfer to someone by signing or delivering them.		
	. Give specific information about the Issuer name			
	ement or pension accounts nples: Interests in IRA, ERISA, Keo	gh, 401(k), 403(b), thrift savings accounts, or other pension or profit-shari	ıg plans	
Yes	s. List each account separately. Type of accoા	unt: Institution name:		
Your Exan		ave made so that you may continue service or use from a company prepaid rent, public utilities (electric, gas, water), telecommunications comp	anies, or others	
∐ No ✓ Yes	S	Institution name or individual:		
	Rent	Villas at Malu'ohai		\$1,008.00
23. Annu	ities (A contract for a periodic payr	ment of money to you, either for life or for a number of years)		
✓ No ✓ Yes	s Issuer name and d	lescription.		
	sts in an education IRA, in an acc S.C. §§ 530(b)(1), 529A(b), and 529	count in a qualified ABLE program, or under a qualified state tuition (9(b)(1).	orogram.	
	Institution name ar	nd description. Separately file the records of any interests.11 U.S.C. § 521	,c):	
_ Æ No	s, equitable or future interests in s. Give specific information about t	property (other than anything listed in line 1), and rights or powers on the Beneficiary of Trust of my MoM. Joan	n K. Ikei (ur benefit
<i>Exan</i> ∡ No		e secrets, and other intellectual property sites, proceeds from royalties and licensing agreements		
	ses, franchises, and other gener			
		censes, cooperative association holdings, liquor licenses, professional lice	nses	
	s. Give specific information about t	them		
	Taxi li	icense, real estate sales license]	Unknown
Money o	r property owed to you?		portion ye Do not de	alue of the ou own? duct secured exemptions.
28. Tax m ∏ No	efunds owed to you			
	s. Give specific information about the	hem, including whether you already filed the returns and the tax years		
		State 160 and federal 0		\$160.00
	ly support	ny angunal augment shild augment maintenance diverse cattlement prope	orty cottlement	
 No		ny, spousal support, child support, maintenance, divorce settlement, prope	ny semement	
☐ Ye	s. Give specific information			

Official Form 106A/B

Schedule A/B: Property

page 4

(F)

Debtor 1	Larry Vincent Ikei		Case number (if known)	17-00135
Exa	benefits; unpaid loans you	surance payments, disability benefits, sid made to someone else	ck pay, vacation pay, workers' comper	sation, Social Security
		Post petition Debtor was informed that he will be receiving SSDI	ed on 2/24/17 by Dawna Abe	Unknown
Exa	· ·	surance; health savings account (HSA); c	redit, homeowner's, or renter's insuran	ce
∐ No ∲ Ye	s. Name the insurance company Compan		Beneficiary:	Surrender or refund value:
	Americ face va	an national Insurance GSL - lue 50k	Mom	Unknown
If you some of No. Ye	u are the beneficiary of a living trueone has died. s. Give specific information ns against third parties, whethemples: Accidents, employment die	you from someone who has died list, expect proceeds from a life insurance er or not you have filed a lawsuit or materials, insurance claims, or rights to sue		eive property because
U No ✓ Ye	o es. Describe each claim			
		Auto Accident # 1 on 2/5/16 - Adj Interestate has made final offer k 1500 Glenn T Honda, Esq. 1st In	petween 5-8, attorney Lien	
		Insurer: First Fire and Casualty I Our Insured: Ikei, Iarry V Claimant: Ikei, Iarry V Date of Accident: 2/5/2016 Policy Number: CTP 6602904-09 Claim Number: 20161342	nsurance of Hawaii, Inc.	
		Karen Galan - 11 Claims Adjuster Phone (808) 527-7532		
		Workstar Billing department Cha <charissaf@workstar.com> 808- Atty For First Insurance - James 300 Hon, HI 96813 808-536-3712</charissaf@workstar.com>	676-5331 Monma, Esq 707 Rchards St,	
		Auto Accident # 2 on 4/3/16. Adj Dongbu inurance - refusing to pa		
		ALTHOUGH VALUE OF CLAIMS BELIEVES THEY ARE WORTH B	•	\$10,000,000.00
 No	•	claims of every nature, including count	terclaims of the debtor and rights to	set off claims
☐ No	financial assets you did not alro s. Give specific information	eady list		

Official Form 106A/B

Schedule A/B: Property



		maining 3 months o surance	f disability insurance	e with First	\$6,000.00
36.	Add the dollar value of all of your entr	ies from Part 4, includ	ing any entries for pag	es you have attached	\$10,007,947.00
Part	5: Describe Any Business-Related Propert	y You Own or Have an Int	erest In. List any real esta	te in Part 1.	
	o you own or have any legal or equitable in	terest in any business-rela	ated property?		
	No. Go to Part 6.				
L	Yes. Go to line 38.				
Part	6: Describe Any Farm- and Commercial Figure 11 in farmland, if you own or have an interest in farmland,	shing-Related Property Yo list it in Part 1.	ou Own or Have an Interes	t In.	
46. I	Do you own or have any legal or equita	ble interest in any fam	n- or commercial fishin	g-related property?	
	No. Go to Part 7.				
	Yes. Go to line 47.				
Part	7: Describe All Property You Own or	Have an Interest in That Y	ou Did Not List Above		
_	Do you have other property of any kind Examples: Season tickets, country club n No Yes. Give specific information	•	st?		
54.	Add the dollar value of all of your ent	ries from Part 7. Write	that number here		\$0.00
Part	8: List the Totals of Each Part of this F	orm			
55.	Part 1: Total real estate, line 2				\$0.00
56.	Part 2: Total vehicles, line 5		\$2,500.00		
57.	Part 3: Total personal and household	items, line 15	\$2,850.00		
58.	Part 4: Total financial assets, line 36		\$10,007,947.00		
59 .	Part 5: Total business-related proper	ty, line 45	\$0.00		
60 .	Part 6: Total farm- and fishing-related	property, line 52	\$0.00		
61.	Part 7: Total other property not listed	, line 54	+ \$0.00		
62.	Total personal property. Add lines 56	through 61	\$10,013,297.00	Copy personal property to	stal \$10,013,297.00
63.	Total of all property on Schedule A/B	. Add line 55 + line 62			\$10,013,297.00



						(ملل)
Fill in this inf	formation to identify your c	ase:				•
Debtor 1	Larry Vincent Ikei		-			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	DISTRICT OF HAWAII				
Case number	17-00135					
(if known)						Check if this is an
				=		amended filing
Official Fo	orm 106E/F					
Schedule	E/F: Creditors W	ho Have Unsecure	ed Claims			12/1 5
Schedule G: Ex Schedule D: Cre left. Attach the c name and case	contracts or unexpired leases to ecutory Contracts and Unexpireditors Who Have Claims Secut Continuation Page to this page number (if known).	red Leases (Official Form 1060 red by Property. If more space b. If you have no information to	 Do not include is needed, copy 	any creditors with the Part you need	h partially secured claim , fill it out, number the e	s that are listed in ntries in the boxes on the
	t All of Your PRIORITY Uns	· · · · · · · · · · · · · · · · · · ·				
	editors have priority unsecured	claims against you?				
₩ No. Go	to Part 2.					
Yes.						
Part 2: Lis	t All of Your NONPRIORITY	/ Unsecured Claims				
3. Do any cre	editors have nonpriority unsec	ured claims against you?				
No. You	u have nothing to report in this pa	art. Submit this form to the court	with your other sch	edules.		
¥ Yes.						
unsecured	your nonpriority unsecured cla claim, list the creditor separately reditor holds a particular claim, lis	for each claim. For each claim li	sted, identify what i	ype of claim it is. D	o not list claims already in	ncluded in Part 1. If more
			\mathcal{L}^{ζ}			Total claim
4.1 Banl	k of HI	Last 4 digits of	account number	9037 248	3	\$4,907.00
Nonpr	iority Creditor's Name					
	irlines			_	er last several	
	2715	When was the d	debt incurred?	years		
	olulu, HI 96803 er Street City State Zlp Code	As of the date y	ou file, the claim	e. Check all that a	anly	
	ncurred the debt? Check one.	As of the date y	ou me, are claim	5. Officer all triat a	PPIY	
_	ebtor 1 only	☐ Contingent				
=	ebtor 2 only	Unliquidated				
	•	Disputed				
	ebtor 1 and Debtor 2 only	Type of NONPR	NORITY unsecured	l claim:		
=	least one of the debtors and ano	tner Student lean				
Ch debt	eck if this claim is for a comm	iunity <u>—</u>		ration agreement	or divorce that you did not	
	claim subject to offset?	report as priority		g		
₩ No)	Debts to per	ision or profit-sharir	g plans, and other	similar debts	
☐ Ye		🖍 Other. Speci	fy Credit card	purchases		_

		Case number (if know) 17-00135	
Citi Cash returns	Last 4 digits of account number	5763	\$11,419.00
Nonpriority Creditor's Name	•	Last several Years last used	
P. O. BOX 6500 Sioux Falls, SD 57117	When was the debt incurred?	1/2017	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community	☐ Contingent ☐ Unliquidated		
	☐ Disputed		
	Student loans	Type of NONPRIORITY unsecured claim: Student loans	
debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims		
₽ No	Debts to pension or profit-shari		
Yes	✓ Other. Specify Credit card	Specify Credit card purchases	
Citi Simplicity	Last 4 digits of account number	3710	\$555.4
		,	
Nonpriority Creditor's Name P. O. BOX 6500	When was the debt incurred?	Last used 1/ 2017	
P. O. BOX 6500 Sioux Falls, SD 57117 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim		
P. O. BOX 6500 Sioux Falls, SD 57117			
P. O. BOX 6500 Sioux Falls, SD 57117 Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim		
P. O. BOX 6500 Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only	As of the date you file, the claim Contingent Unliquidated Disputed	is: Check all that apply	
P. O. BOX 6500 Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure	is: Check all that apply	
P. O. BOX 6500 Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community	As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans	is: Check all that apply	
P. O. BOX 6500 Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans	is: Check all that apply	
P. O. BOX 6500 Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a sepreport as priority claims	is: Check all that apply	
P. O. BOX 6500 Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a sepreport as priority claims	is: Check all that apply d claim: aration agreement or divorce that you did not ing plans, and other similar debts	

Nonpriority Creditor's Name		
Costco		Charges over last several
P.O. Box 65006	When was the debt incurred?	years
Sioux Falls, SD 57117		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:
Check if this claim is for a community	Student loans	
debt		paration agreement or divorce that you did not
Is the claim subject to offset?	report as priority claims	
✓ No	Debts to pension or profit-shar	ing plans, and other similar debts
Yes	Other. Specify Credit care	d purchases
	•	

8

Debtor 1 Larry Vincent Ikei Case number (if know) 17-00135

4.5	CORE SPORTS PT AND ORTHOPEDICS Nonpriority Creditor's Name PO BOX30570 Honolulu, HI 96820 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	Unknown
	₩ No	Debts to pension or profit-sharing plans, and other similar debts	
	∐ Yes	Other. Specify Meds realted to accidents	
4.6	First HI	Last 4 digits of account number 6264	\$748.86
<u> </u>	Nonpriority Creditor's Name P.O. Box 1959 Honolulu, HI 96805	When was the debt incurred? 98- through 1/2017	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dbligations arising out of a separation agreement or divorce that you did not report as priority claims	
	₩ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	✓ Other. Specify Yescheck	
4.7	First HI bank Nonpriority Creditor's Name	Last 4 digits of account number	\$9,543.70
	P.O. Box 1959	When was the debt incurred? 2015	
	Honolulu, HI 96805	-	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	✓ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify Personal Ioan	
	—		

btor '	Larry Vincent Ikei			Case number (if know)	17-00135	
	Glenn T Honda, Esq	Last 4 digits of acc	ount number			Unknow
	Nonpriority Creditor's Name 1260 Young street 228 Honolulu, HI 96814	When was the deb	incurred?	Various through 2	016	
-	Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Contingent Unliquidated Disputed Type of NONPRIOR Student loans Obligations arisi report as priority cla	RITY unsecureing out of a septims	ed claim: paration agreement or divorcing plans, and other similar a lien on accident cl	debts	
	Yes	Other. Specify	claims			
9	Hawaii Pacific Neuroscience Nonpriority Creditor's Name St. Francis Medical Center 2230 Liliha St #104 Honolulu, HI 96817	Last 4 digits of acc		2016		Unknov
	Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	Contingent Unliquidated Disputed Type of NONPRIO Student loans Obligations aris report as priority cla	RITY unsecure ing out of a sep ilms n or profit-share Medical ite 1st Ins. cla Malia Vale Medical A	ed claim: paration agreement or divorcing plans, and other similar ems related to car act aim # 20161342 encia-Kauhi, Administssistant, Hawaii Pacence, 2230 Liliha St. 1	debts ecidents strative ific	
	Yes	✓ Other. Specify	Honolulu,	HI 96817, Ph. 808.26		

Debtoi	Larry Vincentine		
4.8	Glenn T Honda, Esq	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name	Wariana Abranah 2046	
	1260 Young street 228	When was the debt incurred? Various through 2016	
	Honolulu, HI 96814	As of the date you file, the claim is: Check all that apply	
	Number Street City State ZIp Code	AS Of the date you life, the claim is. Check all that apply	
	Who incurred the debt? Check one.	Contingent	
	Debtor 1 only		
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	₩ No	Debts to pension or profit-sharing plans, and other similar debts	
	A MO	May claim a lien on accident claim or	
	□ vos	✓ Other. Specify claims	
	Yes	V Other Specify Claims	
4.9	Hawaii Pacific Neuroscience	Last 4 digits of account number	Unknown
لستتسا	Nonpriority Creditor's Name		<u> </u>
	St. Francis Medical Center	When was the debt incurred? 2016	
	2230 Liliha St #104		
	Honolulu, HI 96817		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	♂ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	Check if this claim is for a community	Obligations arising out of a separation agreement or divorce that you did not	
	debt Is the claim subject to offset?	report as priority claims	
		Debts to pension or profit-sharing plans, and other similar debts	
	⊮ No	Medical items related to car accidents	
		Medical Items related to cal accidents	
		1st Ins. claim # 20161342	
		Malia Valonaia Konhi. Administrativa	
		Malia Valencia-Kauhi, Administrative Medical Assistant, Hawaii Pacific	
		Neuroscience, 2230 Liliha St. #104,	
		Honolulu, HI 96817, Ph. 808.261.4476	
	□ v	✓ Other. Specify Fx. 808.263.4476	
	Yes	V Outer. Specify 1 X. 000.200.7770	
4.1	Hawaiian Telcom	Last 4 digits of account number	\$286.00
0	Nonpriority Creditor's Name	Lust 7 digits of decoding mailiber	
	P.O. Box 30770	When was the debt incurred? Through 8/16	
	Honolulu, HI 96820		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	✓ Debtor 1 only	Contingent	
		Unliquidated	
	Debtor 2 only	Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	Check if this claim is for a community		
	debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?		
	₽ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Old internet cable and phone	

1	1
	L
KO	10)
1	

Debtor	1 Larry Vincent Ikei		Case number (if know) 17-00135	Telder on a
4.1	Medicaid Quest Integration claims	Last 4 digits of account number	7079	Unknown
	Nonpriority Creditor's Name POB 3520 Honolulu, HI 96811	When was the debt incurred?	2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	report as priority claims	paration agreement or divorce that you did not ing plans, and other similar debts	
1				
4.1	UHFCU	Last 4 digits of account number		\$4,792.00
	Nonpriority Creditor's Name 2019 S King St Honolulu, HI 96826	When was the debt incurred?	2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed Type of NONPRIORITY unsecure	od alaim.	
	At least one of the debtors and another	Student loans	eu ciaiii.	
	Check if this claim is for a community debt Is the claim subject to offset?	transport	paration agreement or divorce that you did not	
	√ No	Debts to pension or profit-shar	ing plans, and other similar debts	
	Yes	Other. Specify Personal I	oan	
4.1	UHFCU Nonpriority Creditor's Name	Last 4 digits of account number	₩ 5033	\$3,049.00
	2019 S King St	When was the debt incurred?	2011- 2016	
	Honolulu, HI 96826 Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed Type of NONPRIORITY unsecure	ed claim:	
	At least one of the debtors and another	Student loans	on similar	
	Check if this claim is for a community debt		paration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	✓ No		ing plans, and other similar debts	
	Yes	✓ Other. Specify Credit care	d purchases	

Best Case Bankruptcy

	20
_	

HEALTH	Last 4 digits of account number		Unknow
Nonpriority Creditor's Name 91-2135 FORT WEAVER ROAD SUITE 170	When was the debt incurred?	2016	
Ewa Beach, HI 96706 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
✓ Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
Check if this claim is for a community	Student loans		
debt	Obligations arising out of a ser report as priority claims	paration agreement or divorce that you did not	
Is the claim subject to offset?		ing plans, and other similar debts	
№ No			
	Other. Specify Medical ex	(penses	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Fotal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Program	Fotal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
1	6h.		6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	49,295.99
	6j.	Total Nonpriority. Add lines 6f through 6i.	6 j.	\$	49,295.99

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.



Fill in this infor	mation to identify your	case:			
Debtor 1	Larry Vincent Ike				
Debtor 2		Middle Name	Last Name		
(Spouse if, filing)	First Name ankruptcy Court for the:	Middle Name DISTRICT OF HAWAII	Last Name		
		DIGITATION OF HAWAII			
Case number (if known)	17-00135				Check if this is an amended filing
Official For		1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V - 1 - 1 - 1	0 1 1	
Declarat	tion About a	ın Individual D	eptor's	Schedules	12/15
If two married p	eople are filing together	r, both are equally responsi	ble for supplyi	ng correct information.	
obtaining mone	is form whenever you fi y or property by fraud in 18 U.S.C. §§ 152, 1341, 1	n connection with a bankrup	amended sch otcy case can	edules. Making a false sta result in fines up to \$250,0	tement, concealing property, or 00, or imprisonment for up to 20
Sig	n Below				
Did you pa	ay or agree to pay some	one who is NOT an attorney	to help you fi	II out bankruptcy forms?	
✓ No					
Yes. I	Name of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
				Declaration	n, and Signature (Official Form 119)
Under pena	alty of perjury, I declare re true and correct.	that I have read the summa	ry and schedu	les filed with this declarat	ion and
950	ry Vincent Ikei La	My Vino Lee	х		
Larry \	Vincent Ikei ire of Debtor 1	9	A STATE OF THE PARTY OF THE PAR	ture of Debtor 2	
Date _	February 26, 2017		Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy



Fil	l in this info	ormation to identify you	r case:			
De	ebtor 1	Larry Vincent Ike		_		
		First Name	Middle Name	Last Name		
	ebtor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Ur	ited States i	Bankruptcy Court for the:	DISTRICT OF HAWAII			
Ca	se number	17-00135	•			
ı	nown)	11-00100			البيات ا	Check if this is an imended filing
_						
		orm 107				
St	atemer	nt of Financial	Affairs for Individ	uals Filing for B	ankruptcy	4/16
nu	ormation. If mber (if kno	more space is needed, wn). Answer every que	ble. If two married people an attach a separate sheet to the stion. arital Status and Where You	his form. On the top of any	additional pages, write you	ur name and case
1.	What is yo	our current marital statu	ıs?			
	Marri					
2.	During th	e last 3 years, have you	lived anywhere other than w	vhere you live now?		
	⊉ No	• , •	lived in the last 3 years. Do no	•	<i>ı</i> .	
		Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	and the second s	Dates Debtor 2 lived there
3. sta			ver live with a spouse or legalifornia, Idaho, Louisiana, Nev			
	✓ No ✓ Yes.	Make sure you fill out Sc	hedule H: Your Codebtors (Off	ficial Form 108H).		
Pa	rt 2 Exp	lain the Sources of You	ır Income			
4.	Fill in the t	otal amount of income yo	nployment or from operating to received from all jobs and all have income that you receive	Il businesses, including part	-time activities.	ndar years?
	☐ No ✓ Yes.	Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		y 1 of current year until filed for bankruptcy:	Wages, commissions, bonuses, tips	\$286.06	☐ Wages, commissions, bonuses, tips	
			✓ Operating a business		Operating a business	
	or last calen	dar year: December 31, 2016)	Wages, commissions, bonuses, tips	\$6,982.00	Wages, commissions, bonuses, tips	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

✓ Operating a business

Operating a business

Debtor 1	Larry Vincent Ikei	Case number (if known)	17-00135

(F)

			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		dar year before that: December 31, 2015)	Wages, commissions, bonuses, tips	\$31,184.00	Wages, commissions, bonuses, tips	
			Operating a business		Operating a business	
5.	Include in	come regardless of whe public benefit payments	ne during this year or the two ther that income is taxable. Exa ; pensions; rental income; intere ase and you have income that y	imples of other income are a est; dividends; money collect	ted from lawsuits; royalties; an	
	List each	source and the gross inc	come from each source separat	ely. Do not include income the	nat you listed in line 4.	
	☐ No ✓ Yes.	Fill in the details.				
			Debtor 1 Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross Income (before deductions and exclusions)
		y 1 of current year unti filed for bankruptcy:	SSI Benefits	\$1,386.00		
			Disability	\$4,000.00		
	r last caler inuary 1 to	ndar year: December 31, 2016)	SSI Benefits	\$2,764.00		
			Disability	\$14,000.00		
Pa			u Made Before You Filed for E 2's debts primarily consumer			
.	☐ No.	Neither Debtor 1 nor	Debtor 2 has primarily consular personal, family, or household	mer debts. Consumer debts	s are defined in 11 U.S.C. § 10	1(8) as "incurred by an
		During the 90 days bet	fore you filed for bankruptcy, did	d you pay any creditor a total	of \$6,425* or more?	
		☐ No. Go to line				
		paid that on not include	each creditor to whom you paid preditor. Do not include payment payments to an attorney for the nt on 4/01/19 and every 3 years	ts for domestic support oblig is bankruptcy case.	ations, such as child support a	and alimony. Also, do
	✓ Yes.		or both have primarily consu		or alter the date or adjustment	•
	(\$1) 100.		fore you filed for bankruptcy, did		of \$600 or more?	
		No. Go to line	7.			
		include pa	each creditor to whom you paid lyments for domestic support ob or this bankruptcy case.			
	Creditor	s Name and Address	Dates of paymen			payment for
			and the second second second	paid	still owe	



7.	Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.
	№ No
	Yes. List all payments to an insider.
	Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited arinsider? Include payments on debts guaranteed or cosigned by an insider.
	✓ No Yes. List all payments to an insider
	Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Include creditor's name
Pa	rt 4: Identify Legal Actions, Repossessions, and Foreclosures
	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Case Tourt or agency Status of the case Case number
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.
	Creditor Name and Address Describe the Property Date Value of the property
	Explain what happened
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.
	Creditor Name and Address Describe the action the creditor took Date action was Amoun taken
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?
	✓ No Yes
Par	t 5: List Certain Gifts and Contributions
	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Value
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave the gifts per person the gifts
	Person to Whom You Gave the Gift and Address:

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy



14.	Within 2 years before you filed for b W No			utions with a total	value of more than	\$600 to any charity?
	Yes. Fill in the details for each gif Gifts or contributions to charities the more than \$600 Charity's Name Address (Number, Street, City, State and Zil	nat total	on. Describe what you contribute	d : 1	Dates you contributed	Value
Pa	t 6: List Certain Losses					
15.	Within 1 year before you filed for ba or gambling?					
AD)	No Yes. Fill in the details.	embling	or vacation in Las 1)eges 8/25	to 8/28-	
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the amount that insurance has p ace claims on line 33 of Schedule	aid. List pending	Date of your bloss 8 25 to 8 28	Value of property lost
Pai	t 7: List Certain Payments or Tran	sfers				
16.	Within 1 year before you filed for ba consulted about seeking bankruptc Include any attorneys, bankruptcy peti	y or preparir	ng a bankruptcy petition?			rty to anyone you
	No Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if I	Not You	Description and value of any transferred	property	Date payment or transfer was made	Amount of payment
17.	Within 1 year before you filed for ba promised to help you deal with you Do not include any payment or transfe	r creditors o	r to make payments to your cre		rtransfer any prope	rty to anyone who
	✓ No✓ Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any transferred	property	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for betransferred in the ordinary course of Include both outright transfers and transfers that you have No Yes. Fill in the details.	f your busin isfers made a	ess or financial affairs? as security (such as the granting o			
	Person Who Received Transfer Address		Description and value of property transferred	payments	ny property or received or debts	Date transfer was made
	Person's relationship to you			paid in exc	nange	
19.	Within 10 years before you filed for beneficiary? (These are often called a No Yes. Fill in the details.			o a self-settled trus	st or similar device	of which you are a
	Name of trust		Description and value of the p	property transferre	d sylva i visto Notice i kvili	Date Transfer was made

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy



	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso ✓ No ✓ Yes. Fill in the details.	or other financial acco	ounts; certificat	tes of depo		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accinstrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed f	or bankruptcy,	, any safe d	eposit box or other deposit	ory for securities,
	No ✓ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code)		Describ	e the contents	Do you still have it?
	First Hawaiian Bank	Debtor's moth deposit box	ner's safe	Debtor conten Debtor for eme There i	tents belowng to s mother. None of the ts belong to Debtor. s name is on the box ergency purposes. s nothing of cash f Debtor's in her box.	□ No ¥ Yes
	The second secon					
22.	Have you stored property in a storage unit No Yes. Fill in the details.				ore you filed for bankruptcy	
22. 	√ No	or place other than yo Who else has o to it? Address (Number State and ZIP Code)	r had access			Do you still have it?
	No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number State and ZIP Code)	r had access		ore you filed for bankruptcy	Do you still
Part	No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number State and ZIP Code)	r had access , Street, City,	Describ	ore you filed for bankruptcy	Do you still have it?
Part	No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) 9: Identify Property You Hold or Control Do you hold or control any property that so	Who else has o to it? Address (Number State and ZIP Code)	r had access , Street, City,	Describ	ore you filed for bankruptcy	Do you still have it?
Part	No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) 9: Identify Property You Hold or Control Do you hold or control any property that so for someone.	Who else has o to it? Address (Number State and ZIP Code)	r had access , Street, City, clude any prop	Describe	ore you filed for bankruptcy	Do you still have it?
Part	No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) 9: Identify Property You Hold or Control Do you hold or control any property that so for someone. No Yes. Fill in the details. Owner's Name	Who else has o to it? Address (Number State and ZIP Code) I for Someone Else meone else owns? Inc Where is the pr (Number, Street, City Code)	r had access , Street, City, clude any prop	Describe	ore you filed for bankruptcy the contents rrowed from, are storing fo	Do you still have it?
Part	No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) 9: Identify Property You Hold or Control Do you hold or control any property that so for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number State and ZIP Code) I for Someone Else meone else owns? Inc Where is the pr (Number, Street, City Code)	r had access , Street, City, clude any prop	Describe	ore you filed for bankruptcy the contents rrowed from, are storing fo	Do you still have it?
Part 23.	No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) 9: Identify Property You Hold or Control Do you hold or control any property that so for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) 10: Give Details About Environmental Inf	Who else has o to it? Address (Number State and ZIP Code) I for Someone Else I for Someone Else I for Someone else owns? Inc Where is the pr (Number, Street, City Code) I formation I fons apply: I formation soil, surfate air, land, soil, surfate	r had access , Street, City, clude any prop operty? , State and ZIP	Describe	e the contents rrowed from, are storing for the property	Do you still have it? or, or hold in trust Value
Part 23.	No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) 9: Identify Property You Hold or Control Do you hold or control any property that so for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) 10: Give Details About Environmental Infine purpose of Part 10, the following definitions in the control of th	Who else has o to it? Address (Number State and ZIP Code) I for Someone Else Omeone else owns? Inc Where is the pr (Number, Street, City Code) formation Ions apply: e, or local statute or re the air, land, soil, surfate substances, wastes, by as defined under an osal sites.	r had access , Street, City, clude any prop operty? , State and ZIP gulation conce ce water, grou or material.	Describe Des	e the contents rrowed from, are storing for the property tion, contamination, release other medium, including section of the properate, the properate of the properate, the properate of the properate, the properate of	Do you still have it? or, or hold in trust Value es of hazardous or statutes or or utilize it or used

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1	Larry Vince	nt Ikei

Case number (if known) 17-00135

24.	Has any governmental unit notified you that	t you may be liable or potentially liable un	der or in violation of an environmen	tal law?
	✓ No✓ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of	fany release of hazardous material?		
	✓ No Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or add	ministrative proceeding under any environ	mental law? Include settlements an	d orders.
	✓ No Yes. Fill in the details. Case Title Case Number	Court or agency Na Name		Status of the
	Case Number	Address (Number, Street, City, State and ZIP Code)		case
Pa	t 11: Give Details About Your Business or			
	☐ A member of a limited liability com☐ A partner in a partnership☐ An officer, director, or managing ex	in a trade, profession, or other activity, eith pany (LLC) or limited liability partnership (secutive of a corporation ng or equity securities of a corporation		
	No. None of the above applies. Go to			
	Yes. Check all that apply above and fil Business Name Address (Number, Street, City, State and ZIP Code)	I in the details below for each business. Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security nu Dates business existed	ımber or ITIN.
	Larry Ikei dba taxi and real estate sale	taxi and sales Dina Caleda - Book Keeper taxi since 99 - 2016 Real estate off an on and since 2004-2016	EIN: From-To	
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below.	tcy, did you give a financial statement to a	nyone about your business? Includ	e all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		

Official Form 107

Debtor	1 Larry Vincent Ikei	Cas	se number (if known)	17-00135
Part 12	Sign Below			
are true with a t 18 U.S. /s/ La	read the answers on this Statement of Financial As and correct. I understand that making a false statement up to \$250,000 C. §§ 152, 1341, 1519, and 3571. Try Vincent Ikei	tement, concealing property, or ob	otaining money or <mark>i</mark>	
_	ture of Debtor 1 February 26, 2017	Date		
Did you	u attach additional pages to Your Statement of Fin	ancial Affairs for Individuals Filing	ı for Bankruptcy (O	fficial Form 107)?
₩ No	u pay or agree to pay someone who is not an attor	ney to help you fill out bankruptcy		al Form 119).



United States Bankruptcy Court District of Hawaii

In re	Larry Vincent Ikei		Case No.	17-00135
		Pebtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The abo	ove-named Debtor hereby verifie	that the attached list of creditors is true and correct to the best of his/her i	knowledge.
Date:	February 26, 2017	/s/ Larry Vincent Ikei Larry Vincent J	Rei
		Larry Vincent Ikei	
		Signature of Debtor	





Bank of HI Hi Airlines POB 2715 Honolulu, HI 96803

Citi Cash returns P. O. BOX 6500 Sioux Falls, SD 57117

Citi Simplicity P. O. BOX 6500 Sioux Falls, SD 57117

Citibank Costco P.O. Box 65006 Sioux Falls, SD 57117

CORE SPORTS PT AND ORTHOPEDICS PO BOX30570 Honolulu, HI 96820

First HI P.O. Box 1959 Honolulu, HI 96805

First HI bank P.O. Box 1959 Honolulu, HI 96805

Glenn T Honda, Esq 1260 Young street 228 Honolulu, HI 96814

Hawaii Pacific Neuroscience St. Francis Medical Center 2230 Liliha St #104 Honolulu, HI 96817



Hawaiian Telcom P.O. Box 30770 Honolulu, HI 96820

Medicaid Quest Integration claims POB 3520 Honolulu, HI 96811

UHFCU 2019 S King St Honolulu, HI 96826

WORKSTAR OCCUPATIONAL HEALTH 91-2135 FORT WEAVER ROAD SUITE 170 Ewa Beach, HI 96706



Attached service list

Citi Cash returns P. O. BOX 6500 Sioux Falls, SD 57117

Citi Simplicity P. O. BOX 6500 Sioux Falls, SD 57117

Mapolei, HI 96707 Vapolei, HI 96707

Edward D. Magauran Attorney at Law 1188 Bishop St., Ste. 2610 Honolulu, Hawaii 96813



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